

**BROOKHAVEN SCIENCE ASSOCIATES MEDICAL PLAN COMPARISON  
FOR MEDICARE-ELIGIBLE RETIREES, PARTICIPANTS ON LTD, AND SPOUSES**

	<b>CIGNA Open Access Plus PPO***</b>		<b>HIP VIP (HMO)</b>	<b>CIGNA INDEMNITY***</b>
	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>		
<b>Medical Care Provider</b>	Participating physician/facility	Any physician/facility	Participating physician/facility	Any physician/facility
<b>Payment of Benefits</b>	No claim forms	Submit claim forms	No claim forms	Submit claim forms
<b>Annual Deductible</b> (Individual/Family)	N/A	\$500/\$1500 \$100/\$300 for pre-1/1/92 terminations	N/A	\$250/\$650
<b>Annual Out-of-Pocket Maximum</b> (Indiv./Family)	N/A	\$2500/\$7500 excluding deductible	N/A	\$900 per person excluding deductible
<b>Lifetime Benefit Max</b>	Unlimited	Unlimited	Unlimited	\$1,000,000
<b>Pre-Existing Condition Limit</b>	N/A	N/A	N/A	N/A
<b>Office Visits</b> (Illness/Injury)	Covered in full after \$15 co-pay	80% of R&C after deductible	Covered in full for PCP** (\$10 for Specialist)	Illness: 80% of R&C after deductible. Injury: 100% of 1 <sup>st</sup> \$100 of R&C if within 48 hours, then 80% of R&C after deductible
<b>Emergency Room</b> (Accident/Illness)	Covered in full	<u>Emergency</u> : Covered in full <u>Non-emergency</u> : 80% of R&C after deductible	Covered in full after \$50 co-pay (Doctors/Specialists: \$10 co-pay)	Accident: 100% of R&C if within 48 hours. Illness: 80% of R&C after deductible
<b>Inpatient Hospital</b> (Semi-Private Room, Board, Services, Supplies)	Covered in full ----- Pre-admission certification required or \$250 penalty plus 50% reduction in benefits on any days not approved. -----	Covered in full	Covered in full	100% of R&C for 365 days. Then, 80% of R&C after deductible. Pre-admission certification required or penalty of the first \$250 & 50 % of the remaining charges is applied.
(Physician/Surgeon)	Covered in full	80% of R&C after deductible	Covered in full	Physician \$15/day (1MD limit) 31-day maximum. Then, 80% of R&C after deductible. Surgeon: based on schedule (\$2400 maximum). Then, 80% of R&C after deductible.
<b>Second Surgical Opinion</b> (Office Visit)	Covered in full after \$15 co-pay	100% of R&C	Covered in full	100% of R&C
<b>Laboratory/X-Ray</b>	Covered in full	80% of R&C after deductible	Covered in full	100% of R&C up to applicable limits. Then, 80% of R&C after deductible.
<b>Prescription Medication</b> (Retail: up to 30-day supply)	\$5 generic/\$15 brand name formulary /\$30 brand name non-formulary****	Must use in-network pharmacy	\$5 formulary/\$45 non-formulary	Participating pharmacies: \$5 generic/\$10 brand name
(Mail Order: 90-day supply)	\$10 generic/\$30 brand name formulary /\$60 brand name non-formulary****  ****After \$100 per person/\$300 per family annual drug deductible	Use in-network benefit	Half of above co-pay if formulary	\$10 generic/\$20 brand name

\*\*Primary Care Physician. \*\*\*The CIGNA Open Access Plus PPO is not available to participants who were members of the IBEW union who terminated employment on or after 8/1/00. CIGNA Indemnity is only available to IBEW union members who terminated employment on or after 8/1/00.

This is a brief summary and thus is not an all-inclusive description of services. Only covered expenses are provided/reimbursed through the programs. (R&C = Reasonable & Customary)

**1-1-2005**

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<b>Preventive Care</b> (Well Woman Exam)	Covered in full after \$15 co-pay	80% of R&C after deductible	Covered in full	100% of R&C
(Pap Test)	Covered in full	80% of R&C after deductible	Covered in full	100% of R&C
(Mammogram)	Covered in full	80% of R&C after deductible	Covered in full	100% of R&C
(Annual Physical Exam)	Covered in full after \$15 co-pay	Not covered	Covered in full	Not covered
(Routine Eye Exam)	Not covered	Not covered	Covered in full after \$10 co-pay(optometrist:1/ year)	80% of R&C after deductible if performed by MD
<b>Mental Health Care</b> (Inpatient)	Covered in full	Same as inpatient hospital	Covered in full (190 day lifetime maximum) *	Same as inpatient hospital
(Outpatient)	Covered in full after \$15 co-pay	80% of R&C after deductible	\$20 co-pay/visit *	80% of R&C after deductible
<b>Substance Abuse Treatment</b> (inpatient detox)	Covered in full	Same as inpatient hospital	Covered in full (190 day lifetime maximum) *	Same as inpatient hospital
(Outpatient Rehab)	Covered in full after \$15 co-pay/visit	80% of R&C after deductible	\$20 co-pay/visit *	80% of R&C after deductible
<b>Alternate Care</b> (Home Health Care)	Covered in full ----- (Max: 40 visits/year combined in and out of network) -----	80% of R&C after deductible	Covered in full (Max: 200 visits/year)	80% of R&C after deductible Max: 40 visits/year
(Skilled Nursing Facility) Non-Custodial	Covered in full ----- (Max: 60 days/year combined in and out of network) -----	80% of R&C after deductible	Covered in full Max: 100 days per benefit period	80% of R&C after deductible Max: 60 days/year
(Outpatient Short-Term Rehab: Physical Therapy)	Covered in full after \$15 co-pay	80% of R&C after deductible	Covered in full after \$10 co-pay (Max: 90 visits/year)	80% of R&C after deductible
<b>Hearing Aids</b>	Covered in full ----- (Max: \$2000/1095 days) -----	80% of R&C after deductible	Not covered	80% of R&C after deductible
<b>Durable Medical Equipment</b>	Covered in full	80% of R&C after deductible	Covered in full	80% of R&C after deductible
<b>External Prosthetic Devices</b>	Covered in full	80% of R&C after deductible	Covered in full	80% of R&C after deductible

\* Based on medical necessity up to Medicare limit. \*\*\*The CIGNA Open Access Plus PPO is not available to participants who were members of the IBEW union who terminated employment on or after 8/1/00. CIGNA Indemnity is only available to IBEW union members who terminated employment on or after 8/1/00.

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